

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 426

1. PLACE OF BIRTH

County Hila State Arizona
District or Township _____ or Village _____
City Miami No. 405 Indian Ave. St. _____ Ward _____

2. Full name of child Roberto Jose Fernandez

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth _____

6. Legitimate?

yes

7. Date

of birth Dec. 18, 1925
Month Day Year

8. FATHER

Full name

Jose Fernandez

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Zacatecas

Mex.

13. Occupation

Nature of industry

Clerk

14. MOTHER

Full maiden name

Jesse Carasco

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

(State or country)

Solomonville,

Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 1

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born

(Born alive or stillborn)

at 12¹⁵ A.m. on the date above stated

Signature

Cyril M. Brown M.D.

Physician

(Physician or midwife)

Address

Miami, Arizona

Filed

Jan 9, 1926

H. E. Iron

Registrar

Registrar

Month, day, year

Given name added from
a supplemental report

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

969-1218-136